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FEC FORM

STATEMENT OF ORGANIZATION

RECEIVED.
SECRETARY OF THE SENATE

11 MAY 24 AM 11:38

FORM 1		OHOANIZ	AIION		Office Use Only
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Citizens fo	r Harkin		4	1 1 1 1	
	1 1 1 1 1			<u> </u>	
ADDRESS (number a	and street)	O Box 811	l. [] 	1	
(Check if address is changed)		es Moines		IA	50304
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA (Check if is change	address	lease provide only one e		1-1-1-1-1	
COMMITTEE'S WEB PAGE ADDRESS (URL)					
(Check if is changed	address	ww.tomhark	in.com		
2. DATE 05" / 22° / 2011"					
3. FEC IDENTIFICATION NUMBER C00166827					
4. IS THIS STATEM	MENT	NEW (N) OR	AMENDED (A)		
I certify that I have e			t of my knowledge and belief it	is true, correct	and complete.
Type or Print Name	of Treasurer	<u>Γheresa L. K</u>	iehoe		
Signature of Treasure	er <u></u>	uren	Lehoe_	Date 05	22 2011
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)